

Megan Tweedy

tweedymegan@gmail.com

Submission Date **Jul 14, 2025 3:30 PM**

Employee Name **Megan Tweedy**

Email tweedymegan@gmail.com

Phone Number **(509) 225-0650**

Position Title **Advisor, Supporting Community in Recovery Fund,YVCF**

Quarter Report **Quarter 2 (April to June '25 - DUE by July 14th, 2025)**

Select Contract Submitting Report for: **Opioid Settlement**

Contract Number: **YVCF-OSF-TRT-2025**

Confirming that none of the information you share includes client-identifying details. Names, dates of birth, and Social Security numbers are all protected information and should not be submitted to this portal.

Yes, I confirm.

Total Number of Clients (both duplicated/unduplicated number): **0**

Narrative Summary Detailing Program Success: Partnerships have been established to successfully implement the "Recognizing Trauma After an Overdose Fatality: Providing Support for Families" grant. Wellness House will provide the location for the support group. Heartlinks will provide the trauma-informed professional. The 6 English sessions will be held Sept. 9, Oct. 14, Nov. 11, Dec. 9, Jan 13, Feb. 10. The Spanish sessions are TBD.

Encountered Barriers: It has taken longer than expected to secure partners to provide a location and a therapist. I am still working on finding a bilingual, trauma-informed professional. In an effort not to delay any longer, we are beginning with the English sessions first and will start the Spanish sessions later.

Significant Changes to the Program: **None.**

Submission of current staffing model (Including vacant positions) **N/A**